SYSTEM FOR ADMINISTERING GRANTS ELECTRONICALLY

SAGE

New Jersey Department of Health

Division of Family Health Services

INTRODUCTION MANUAL FOR SAGE USERS

This user guide will assist Division of Family Health Services applicants/grantees with the use of the New Jersey Department of Health (NJDOH) SAGE electronic grant application, including technical requirements, viewing applications and SAGE process.

PowerPoint Manual prepared by Anna Battle, RN, BSN, QAS DFHS-SAGE Administrator AnnaLS.Battle@doh.state.nj.us

DFHS SAGE

Revised 11/29/2011

REQUIRED COMPUTER SYSTEM:

Operating System

- Designed for
  - **Windows 95** or higher
  - **Macintosh MacOS** 7.5 or higher

- Others systems have not been tested and are not supported
  - Linux
  - Unix

WEB CONNECTION

World Wide Web Connection

- ✖ Web based application.
- ✖ Internet Access from anywhere with the world wide web (www).
- ✖ Cable access is faster than with DSL or modems.
- ✖ Contact your organization's network administrator for assistance.

BROWSER CONFIGURATION

- Please make the following configuration changes for the web-browser In order to avoid various browser-related restrictions unnecessarily placed on NJDOH SAGE.

- If using Internet Explorer, it is recommended to add the NJDOH SAGE homepage to your list of trusted sites. To do this, please complete the following steps:

    1) Click "Tools"

    2) Click "Internet Options"

    3) Click the "Security" tab

    4) Click "Trusted Sites"

    5) Click the "Sites" button

    6) In the "Add this Web site to the zone:" textbox type "**www.sage.nj.gov**" and then click the "Add" button

7) Click the "OK" button, and then click the "OK" button again.

ADOBE ACROBAT READER

* Adobe Acrobat Reader is used to view PDF

* Grant documents may be viewed as Adobe Acrobat Reader's "Portable Document Format" (PDF)

* All documents in SAGE can be automatically generated as a PDF.

* Using Adobe Acrobat Reader you may choose to view, print, or save SAGE documents.

* Get Adobe Acrobat Reader free at www.Adobe.com

NJDOH SAGE SYSTEM HOMEPAGE

To access NJDOH SAGE, type **www.sage.nj.gov** into the address bar of your web browser and navigate to the screen below.

BECOMING A NJDOH 'USER' IN SAGE

- At the login screen, click on the **New User** link.
- Complete the **Contact Information** and click Save (illustration page 9)
- **MUNICIPALITIES AND COUNTIES:** If the staff reviewer is a county or municipality employee then follow the instructions written in center of login page for approval from **DCA** to **NJDOH** SAGE**.**
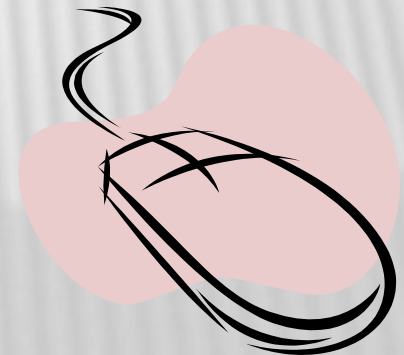
CONTACT INFORMATION SCREEN

SAVE

CONTACT REGISTRATION INFORMATION

Federal Employer Tax ID Number (FEIN) [＿＿＿＿] *

Granting Department [▼] *

Name

	Prefix	First	Middle	Last	Suffix
Name	[▼]	[＿＿] *	[＿＿]	[＿＿] *	[▼]

Organization [＿＿＿＿＿＿＿＿] *

Title [＿＿＿＿＿＿]

Address [＿＿＿＿＿＿] *

City [＿＿＿＿] *   State [New Jersey ▼] *   Zipcode [＿＿＿] *

County [＿＿＿ ▼] *

Phone #1 [＿＿＿＿] *   Phone #2 [＿＿＿＿]

Fax [＿＿＿＿]   Cell Phone [＿＿＿＿]

Email [＿＿＿＿＿＿＿＿] *

Website [＿＿＿＿＿＿＿＿]

Username [＿＿＿＿] *

Password [＿＿＿＿] *   Confirm Password [＿＿＿＿＿] *

SAVE

USER NAME AND PASSWORD

× **Username**

+ Letters and numbers

+ 5 to 20 characters

(example: abattle1, alb123, abattle, njpca12)

× **Password**

+ Letters and numbers

+ 7 to 20 characters

FORGOT USERNAME AND/OR PASSWORD

* After 3 tries you will be locked out of the system.

* Wait 15 - 20 minutes to re-try, if you still can not remember your password then,

* Type in your username and **click on** Forgot Your Password?

* At the "**Forgot Your Password?**" screen, enter your login and email address. Your email must match the email address listed in your SAGE profile in **Contact Information.**

* Click **Email Me.**

* Your username and password will be emailed to you.

CHANGE USERNAME AND/OR PASSWORD

✖ Go to **Main Menu, My Information** and click on **View/Edit My Information**.

✖ **Contact Information** screen will appear.

✖ Edit the Username and/or Password then click on **SAVE.**

ADDING AN ORGANIZATION TO SAGE

First time applicants: Any organization that has never registered in SAGE, must complete an organizational form and submit this to NJDOH assigned staff. After the information has been verified the organization and the Authorized Official will be validated into the system.

NOTE: This does not mean that you access to an application. Contact the NJDOH Program Management Officer assigned to the grant to be made eligible for the program application process.

INSTRUCTION FOR ADDING ORGANIZATION

Complete the <u>FORM For Adding Agency Organizations and Authorized Official to SAGE.</u>

Identify the organization Authorized Official (AO). The AO should registered as a new user before organizational form is submitted.

Either email to: <u>cynthia.stachell-gore@doh.state.nj.us</u> or fax to the number on the form.

 ***Identify **Authorized Official** and have them register as a new user **_before_** submitting the form. NOTE: Both the organization and the Authorized Official will be validated at the same time in the system.

FORM FOR ADDING ORGANIZATION TO SAGE

Name (Exact Legal Name)*	
Identifier	
Federal Tax I.D. Number*	
DUNS Number*	
Address*	
City*	
State*	
Zip code*	
County*	
Phone Number*	
FAX Number	
Email*	
Website	
Authorized Official* (see note 1)	

To be approved by NJDOH, your organization must be a
___ 501 c 3 corporation with IRS
___ register as a Charitable Organization in NJ

The signature below certifies that the Authorized Official is duly authorized by the governing body of the applicant to submit any and all grants on behalf of this agency; and that, to the best of your knowledge, all information provided is true and accurate.

SIGNATURE _____ DATE _____
PRINT NAME: _____

VALIDATION

✖ Note: All fields marked with an asterisk (*) are mandatory.

✖ When the form is completed, click "**SAVE".**

✖ At this point the screen will returned to the **SAGE** login screen.

✖ Upon completion, the Authorized Official should notify the authorizing 'Grant Department' for validation of your organization and the Authorizing Official (See page 19 & 20 for Security Roles in SAGE application).

✖ The DHSS SAGE assigned Administrator(s) will validate both the organization and the Authorized Official. The *new user* will be contact by SAGE email system that their validation has been completed.

GRANTEE SECURITY LEVEL AND ROLES

✖ There are three security roles defined for NJDOH SAGE users: *Authorized Officials, Agency Administrator, and Agency Staff*. These roles have different security access to work on the applications. Once the Authorized Officials are identified and their new user accounts created, the Authorized Officials will select and enter their own organization's staff names to access NJDHSS SAGE. The organization's staff entered by the Authorized Officials will be assigned to either the Agency Administrator or Agency Staff security level role. Each security role is summarized on the next page/slide:

✖ NOTE: Authorized Officials can assign another Authorized Official in their organization.

APPLICANT USER TYPES:

- Authorized Officials and Agency Administrators will be able to:
    - ☐ Edit and delete user account information for Agency Staff
    - ☐ Initiate available grants and apply for grant applications
    - ☐ Enter, update and delete information on applications
    - ☐ Download and attach files to the applications
    - ☐ Cancel an entire application before submission
    - ☐ Submit applications, for the various applications available to NJDHSS SAGE, with printable access to agreement to terms and conditions
    - ☐ Modify applications with status of Modifications Required
    - ☐ Check on the status of each application.   (cont'd)

(CONT'D) APPLICANT USER TYPES:

* **Agency Staff** will be able to:
  * ☐ Edit their own user account information
  * ☐ Enter, update and delete information on applications where permission is granted
  * ☐ Download and attach files to the applications
  * ☐ Modify applications with status of Modifications Required where permission is granted
  * ☐ Check on the status of applications where permission is granted

  ***Agency Staff may be internal staff or outside consultants, chosen at the discretion of the Authorized Official or Agency Administrator.

KEEPING CONTACT INFORMATION CURRENT

<u>Always keep your contact information up to date!</u>
To update your information, click on the **"View/Edit My Information"** link on the main menu.
1) On the **Edit Your Contact Information** page change your personal information, click "**Edit.**"
2) <u>Update</u> the form accordingly and click "**Save**".

MY INFORMATION

Name	Michelle Balyeat
Title	Authorized Official
Address	1234 Main Street Atlantic City, New Jersey 02154
Phone Number	(111) 111-1111
Email Address	mbalyeat@agatesoftware.com
Username	balyeatao

<u>View/Edit My Information</u>
<u>View/Edit My Dashboard</u>

FINDING APPLICATION

Main Menu

MY DOCUMENTS

Use the tree system below to view all your documents associated with a particular display filter. Selecting the '+' will expand the view under each folder. Use the drop-down box to filter your documents.

Show

My Active Documents ▾ **GO**

- ⊞ 📁 Abstinence Education Program 2013
- ⊞ 📁 Adolescent Health 2012
- ⊞ 📁 Adolescent Health 2013
- ⊞ 📁 Area Agencies on Aging (AAA), Area Plan Contract (APC) 2012
- ⊞ 📁 Autism - NJ Center of Excellence (NJACE) Program Site Grant 2012
- ⊞ 📁 Autism - NJ Center of Excellence (NJACE) Program Site Grant 2013

From the Main Menu, look at the "**My Documents**" (left-side of screen) section. This section will show you all of the applications where you have existing applications in the system.

All My Documents V GO

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MANAGEMENT ACTIVITIES
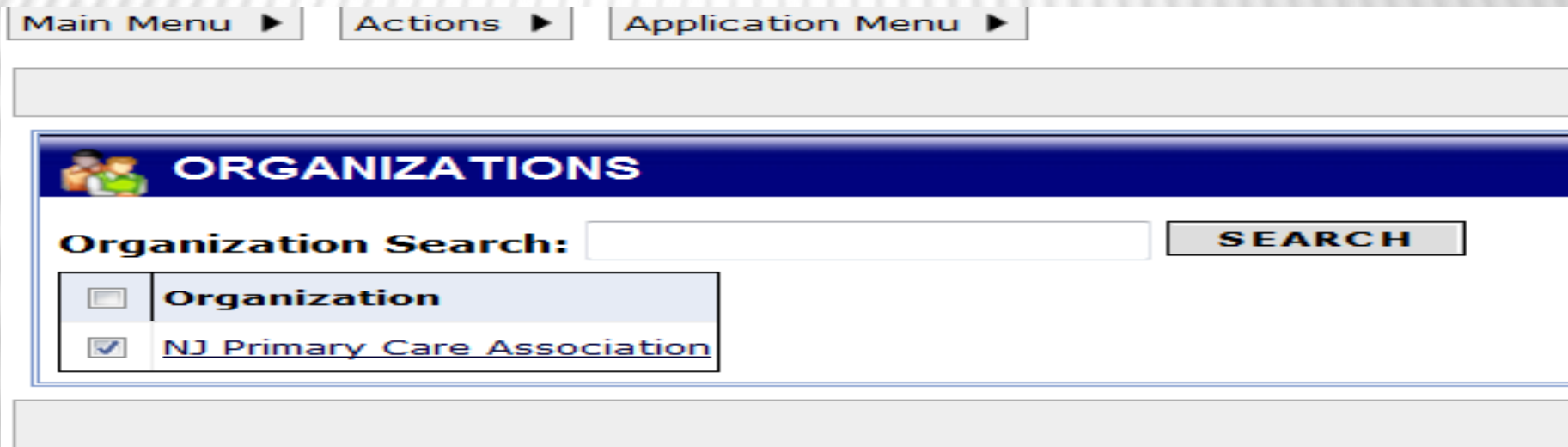
MANAGEMENT ACTIVITIES

- Accounting Administration
- Manual
- Training Videos
- DHSS Terms and Conditions
  - Cost Controlling Initiatives
  - Letter From the Commissioner } NEW - Please, read.
  - Terms & Conditions
- Administrative Links
  - Add/Edit Organizations
  - Add/Edit People
  - Check for Errors
  - Status History
  - Date Modification Request
  - View Modification History
  - Document Availability
  - Manage Review Process
  - View Full PDF

ASSIGNING STAFF TO ORGANIZATION

To ensure that the staff has been added to your organization; after logging into application on the left-side of the screen in the **Management Activities** click on 'add/edit organization'. The screen will change and you'll then view the name of organization; click on it.

| Main Menu ▶ | Actions ▶ | Application Menu ▶ |

ORGANIZATIONS

Organization Search: [   ] **SEARCH**

| ☐ | Organization |
| ☑ | NJ Primary Care Association |

(Illustration of the screen above.)

ADDING STAFF TO ORGANIZATION

1. Stroll down pass your '**Organization Information**' to view the name of those individuals assigned in SAGE to your organization; if the '*new*' assigned staff is there with the correct information, then either exit or go to the 'Main Menu' for the application.

2. If the staff is not in the organization table, then type in their name and click 'search'.

ORGANIZATION MEMBERS

| 1: Current Members | 2: Add Members |

	Person	Role	Organization Person Active Dates	System Person Active Dates	Assigned By

3. Check the box next to their name and select a security role from the dropdown and enter date in the 'Organization Person Active Dates' (mm/dd/yyyy); only the first box; second box deactivates the staff.

4. Now click "**SAVE**" and it's done.

5. OR, if the '*new*' assigned staff name is there without the correct information then complete step 3 & 4.

ASSIGNING STAFF TO AN APPLICATION

1) To add organization staff to *grant application*, the Authorized Official/Agency Administrator locate and click on the application of choice in the "**My Documents**" Section on the Main Menu.

2) Under "**Management Activities**" choose the "***Add/Edit People***" link.

3) Type in the name of the individual in the search criteria box and click the "**Search**" button.

4) From the search results, select the person or persons,.

5) Check the box next to their name(s) and select a security role from the dropdown and enter an access date in the first date box (mm/dd/yyyy). *Now* click "**SAVE**".

ADD/EDIT PEOPLE

Person Search: Brad   SEARCH

	Name	Role	Assigned By	Access Dates
☑	Jersey, Brad	Agency Staff ▾		12/1/2009 –

REMOVE STAFF ACCESS TO GRANT APPLICATION

There are *two* ways to remove a user's access to an application. To remove a user's access to an application, on the grant application menu choose the "**Add/Edit People**" link on the grant application under **Management Activities** and:

1) Edit the access start and/or end date for the user.

or

2) For the desired user, in the "**Selected**" column, disable (uncheck) and **SAVE** the page. The user will be removed from the viewing the application.

INITIATE A GRANT APPLICATION

The Authorized Official and Agency Administrator are the **only** two applicant security roles who may initiate and submit the applications. After the application is initiated, the implementation of the application may be assigned to Agency Administrator or Agency Staff at the discretion of each applicant.

Create an application

MY DOCUMENTS

Use the tree system below to view all your documents associated with a particular display filter. Selecting the '+' will expand the view under each folder. Use the drop-down box to filter your documents.

Show

My Active Documents ▼ GO

☐ 📁 Abstinence Education Program 2013
      📄 Create New Abstinence Education Program 2013

1) From the Main Menu, view the "**My Documents**" section. This section will show you all of the applications where you have existing applications in the system, or where you may apply for a new grant application.

2) For those applications where you can apply for a new application you will see a **"Create New"** link. Click the "Create New" link. Next screen will be 'Confirmation Page'.

CONFIRMATION PAGE

A confirmation page will appear asking for confirmation. You must read the Terms and Conditions, and by clicking the "I Agree" button you accept these conditions. An application will be created and you will be taken to the "Application Menu" to initiate the application.

APPLICATION IN PROCESS

Following the creation of an application, a new link ("**application in process**") for that program will be on the Main Menu along with all of the applications created within the organization. The link to the application will appear in the "**My Documents**" section under the name of the grant application. When logging back into NJDOH SAGE, click this link to return to the application.

ORGANIZATION INFORMATION

COMPLETING THE NJDOH ORGANIZATION PAGE

After clicking on the name of your organization, the next screen will be the **Organization Information**. Below the organization information click on *Department of Health Request Organization Information* and another screen will appear.

STATE OF
NEW JERSEY
SAGE
System for Administering Grants Electronically

Application: DFHS12CYS001
Status: Application Modifications Required
User: Mr. Timothy Roberts
Role: Agency Administrator
Logout

Main Menu ▶ Actions ▶ Application Menu ▶ Related Pages ▶

SAVE SAVE/NEXT DELETE VIEW PDF ADD NOTE FIRST PREVIOUS NEXT LAST

Created By: Roberts, Mr. Timothy on 5/18/2011 10:53:50 AM
Last Modified By: Roberts, Mr. Timothy on 5/25/2011 9:44:08 AM

DHSS ORGANIZATION INFORMATION REVIEW PAGE

Instructions:
- Fields with an * next to them must be completed.
- After reviewing all information and checking the box at the bottom of the page click the **SAVE** button.
- If the information listed below is incorrect or incomplete, please click the **Application Menu** link above and click the name of your organization. Then click the link titled **Department of Health and Senior Services Requested Organization Information**.
- To proceed to the next page you may click the **NEXT** button or use the Related Pages section at the bottom of the page.
- To return to the Application menu click the **Application Menu** link above.
- **Resave this form to populate the most current Organization Profile information**

Name of Attorney for Agency   ☑ Check here if your organization does not have an attorney
Attorney Telephone
Attorney Email
Address 1
Address 2
City   **State** New Jersey   **Zip**

Name of Principal Agency Contact Debra Sikkema* **Title of Principal Agency Contact** Executive Director*
Principal Agency Telephone   973-595-1232*
Principal Agency E-mail   das@njsocf.org*
Address 1   555 Preakness Avenue*
Address 2
City   Totowa*   **State** New Jersey*   **Zip** 07512*

Name of Principal Program Contact D. Timothy Roberts * **Title of Principal Program Contact** Grant Administrator *
Principal Program Telephone   973-595-1232 *
Principal Program E-mail   dtimr@njsocf.org *
Address 1   555 Preakness Avenu *
Address 2
City   Totowa * **State** New Jersey ✔* **Zip** 07512 *

Name of Principal Fiscal Contact D. Timothy Roberts * **Title of Principal Fiscal Contact** Grant Administrator *
Principal Fiscal Telephone   973-595-1232 *
Principal Fiscal E-mail   dtimr@njsocf.org *
Address 1   555 Preakness Avenu *
Address 2
City   Totowa * **State** New Jersey ✔* **Zip** 07512 *

Agency Fiscal Year End (mm/dd) 03/31*

Does the Agency Meet the following Licensure Requirements?
Facility*   No
Services*   No
Personnel*   No

Is a copy of the license attached?*
Agency Accounting System*
 Accrual Basis
Affirmative Action Plan*
 No
Type of agency and applicable cost principles*

Agency Type	Cost Principles Applied
Private non-profit	OMB Circular A-122
Private for profit	Title 48 CFR, Part 31 et seq.
Government:	OMB Circular A-87
Hospital	Title 45 CFR Part 74, Appendix E
Educational Institutions	OMB Circular A-21, including any amendment published in the Federal Register
Other	Click here and identify applicable cost principles

Selected Type of Agency: Private non-profit

☑ * By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

SAVE SAVE/NEXT DELETE VIEW PDF ADD NOTE FIRST PREVIOUS NEXT LAST

VENDOR NUMBER

 <u>After</u> completing the "**Department of Health and Senior Services Request Organization Information**" return to the "Organization Information" screen and click on the dropdown for "**Vendor Numbers**".

Instructions:

1) After entering all information click the **SAVE** button.

2) To add <u>additional</u> Vendor Numbers/location codes click the "**ADD**" button.

***<u>This information maybe different than the organization information, if this is a satellite location for the project.</u>

VENDOR INFORMATION SCREEN

Vendor Location: ___LadyBoss Inc_____

Vendor #: ___998989898-00_ Data does not match the expected format

(Example: 123456789-00)

Address 1 ___13 LadyBoss Lane_____

Address 2 ___POB 13_____

City _____Trenton_____

State __New Jersey_____

Zip Code _____00011_____

***Note: Updating this information in SAGE does not update the information in the state vendor file.

APPLICATION FORM SECTIONS

The **grant form** sections shown below is where the vast majority of the work in an application will be completed. This section contains all of the forms that are necessary for the review process of the application.

FORMS

Grant Application Forms
- Statement of Local Governmental Public Health Partnership
- Needs and Objectives of Projects
- Method(s) and Evaluation of Project
- Cost Summary
- Schedule A - Full Time Personnel Costs
- Schedule A - Part Time Personnel Costs
- Schedule A - Personnel Costs - No Fringe
- Schedule B - Consultant Services Costs
- Schedule C - Other Cost Categories
- Funds and Program Income from Other Sources Related to this Application
- Schedule D - Officers and Directors List
- Schedule G - Certification Regarding Debarment and Suspension
- Schedule H - Certification Regarding Lobbying
- Schedule I - Certification Sheet
- Schedule J - Agency Minority Profile
- Schedule K - Certification Regarding Environmental Tobacco Smoke

NAVIGATING APPLICATION FORM

These various pages in the forms section of the application <u>must</u> be completed before it can be submitted and you're accomplish your goal for submitting the application.

Forms Navigation

There are three basic methods for navigating through the forms of the application. You may either use the Menu at the top of any page within the application, the tree-view on the Application Menu, or use the links listed in the Related Pages section.

| Statement of Local Governmental Public Health Partnership |
| Needs and Objectives of Projects |
| Method(s) and Evaluation of Project |
| Cost Summary |
| Schedule A - Full Time Personnel Costs |
| Schedule A - Part Time Personnel Costs |
| Schedule A - Personnel Costs - No Fringe |
| Schedule B - Consultant Services Costs |
| Schedule C - Other Cost Categories |
| Funds and Program Income from Other Sources Related to this Application |
| Schedule D - Officers and Directors List |
| Schedule G - Certification Regarding Debarment and Suspension |
| Schedule H - Certification Regarding Lobbying |
| Schedule I - Certification Sheet |
| Schedule J - Agency Minority Profile |
| Schedule K - Certification Regarding Environmental Tobacco Smoke |

Main Menu ▶   Actions ▶   Application Menu ▶
Grant Application Forms ▶
SAVE   DELETE   Review   ▶

You are here: > Grant Application Forms

STATEMENT OF LOCAL GOVERNMENTAL PUB

Instructions:
- Fields with an * next to them must be com
- After entering all information click the **SAVE**
- To proceed to the next page you may click t
- To return to the Application menu click the

The image shown above is the Menu bar from within an application page with the "Grant Application Forms" link highlighted by the cursor. To return to the Main Menu from this menu simply click the "Main Menu" link to the far left. To select a particular form in the application, hover over the "Application Menu," then the section of the link you want to access, and then click the link.

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RELATED PAGES

There's a treeview of the related pages near the bottom of the page. To access one of these pages, simply click the available link.
When additional pages have been created, a number in parentheses will appear after the link to indicate the number of pages connected with the particular link. Just click the link.

RELATED PAGES

- Statement of Local Governmental Public Health Partnership
- Needs and Objectives of Projects
- Method(s) and Evaluation of Project
- Cost Summary
- Schedule A - Full Time Personnel Costs
- Schedule A - Part Time Personnel Costs
- Schedule A - Personnel Costs - No Fringe
- Schedule B - Consultant Services Costs
- Schedule C - Other Cost Categories
- Funds and Program Income from Other Sources Related to this Application
- Schedule D - Officers and Directors List
- Schedule G - Certification Regarding Debarment and Suspension
- Schedule H - Certification Regarding Lobbying
- Schedule I - Certification Sheet
- Schedule J - Agency Minority Profile
- Schedule K - Certification Regarding Environmental Tobacco Smoke

OTHER WAYS TO ACCESS PAGES IN APPLICATION

There's a menu located at the top of the page.

| Main Menu ▶ | Actions ▶ | Application Menu ▶ | Related Pages ▶ |

or

There are also "Next" and "Previous" buttons available on the navigation menu. You may choose to use these buttons to proceed to the next page or retreat to the previous page throughout the application's pages. There are also "First" and "Last" buttons that will take you to the first and last pages on the application menu.

| SAVE | ADD | DELETE | VIEW PDF | FIRST | PREVIOUS | NEXT | LAST |
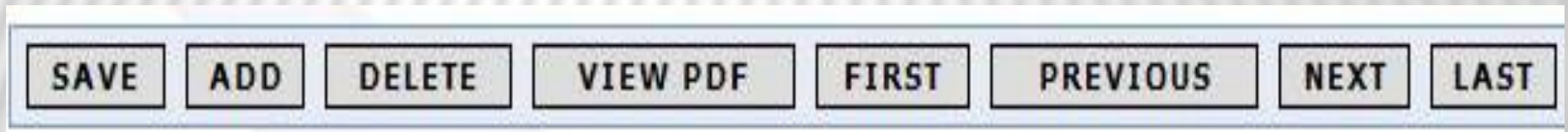
FORM COMPLETION

When filling out an application form it is suggested that you first complete all of those fields for which you have information. Not everyone in each organization will have all of the information necessary to complete each form. Complete as much of it as you can and then click the "**Save**" button. Fields followed by red asterisks (*) are required fields.

FORMS

Grant Application Forms
- Statement of Local Governmental Public Health Partnership (1)
- Needs and Objectives of Projects
- Method(s) and Evaluation of Project
- Cost Summary
- Schedule A - Full Time Personnel Costs
- Schedule A - Part Time Personnel Costs
- Schedule A - Personnel Costs - No Fringe
- Schedule B - Consultant Services Costs
- Schedule C - Other Cost Categories
- Funds and Program Income from Other Sources Related to this Application
- Schedule D - Officers and Directors List
- Schedule G - Certification Regarding Debarment and Suspension
- Schedule H - Certification Regarding Lobbying
- Schedule I - Certification Sheet
- Schedule J - Agency Minority Profile
- Schedule K - Certification Regarding Environmental Tobacco Smoke

Review
- Programmatic Review and Grant Monitoring Plan
- Financial Review

CREATION OF ADDITIONAL FORMS/PAGES

Assessment of Need(s) - List the need(s) which illustrate the reason for the project.

0 of 20000

SAVE   ADD   DELETE   VIEW PDF

In the creation of some forms the "Add" button can be used to create additional forms.

Any form that has an "**Add**" button allows you to have multiple instances of that form. The following picture shows the available "**Add**" button on a page that multiple pages can be created.

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SAVE ADD DELETE VIEW PDF ADD NOTE FIRST PREVIOUS NEXT LAST   Authorized Official ▾ GO

Authorized Official
Position Title

The information has been saved.

Created By: Balyeat, Michelle on 12/7/2009 1:17:02 PM
Last Modified By: Balyeat, Michelle on 12/7/2009 1:17:17 PM
Go to Related Pages

You are here: > Grant Application Forms

SCHEDULE A - FULL TIME PERSONNEL COSTS

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- To add additional Full Time Personnel click the **ADD** button.
- After clicking the **SAVE** button, the calculations will be done.
- To proceed to the next page you may click the **NEXT** button or use the Related Pages section at the bottom of the page.
- To return to the Application menu click the **Application Menu** link above.

Fringe Benefit Breakdown

F.I.C.A.	1 %
Health Insurance	2 %
Unemployment Insurance	3 %
Disability Insurance	4 %
Life Insurance	5 %
Workers Compensation	6 %
Pension/Retirement	7 %
Other (Explain): 8	9 %
Total	**37%**

When *multiple pages* have been created for this particular form, you can choose between them. A dropdown will appear on the far right of the button toolbar.

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ADDITIONAL PAGES (CONT'D)

FORMS

Grant Application Forms
  Statement of Local Governmental Public Health Partnership (1)
  Needs and Objectives of Projects
  Method(s) and Evaluation of Project
  Cost Summary
  Schedule A - Full Time Personnel Costs (2)
      Schedule A - Full Time Personnel Costs: Authorized Official
      Schedule A - Full Time Personnel Costs: Position Title

When additional pages have been created, a number in parentheses will appear after the link to indicate the number of pages connected with the particular link.

AUTOMATIC CALCULATIONS

When possible, NJDHSS SAGE will automatically calculate totals. The "**Cost Summary**" page is a good example of this. After the page is saved the system will use the values that have been entered in the text boxes on other pages (Schedules A, Schedule B, …) and pull the values into the Cost Summary to calculate a "**Net Total Cost.**" , *but* not for Indirect Cost boxes (these are manual entries).

Remember to click the form's "**Save**" button in order to calculate the form calculations.

Instructions:

- Fields with an * next to them must be completed.
- After entering all information click the **SAVE** button.
- After clicking the **SAVE** button, the calculations will be done.
- To proceed to the next page you may click the **NEXT** button or use the Related Pages section at the bottom of the page
- To return to the Application menu click the **Application Menu** link above.

For Cost Categories A through C, a SCHEDULE SHEET and JUSTIFICATION SHEET must be completed and submitted, if applicable.

Cost Category	Grant Funds Requested from State	Funds fom Other Sources	Total Funds Needed
A. Personnel Cost	$272,500	($155,110)	$117,391
Salaries/Wages	$200,000	($114,125)	$85,875
Fringe Benefits	$72,500	($40,985)	$31,516
B. Consultant/Professional Service Cost	$0	$0	$0
C. Other Cost Categories	$0	$0	$0
Office Expense and Related Cost			
Program Expense and Related Cost			
Staff Training and Education Cost			
Travel, Conferences and Meetings			
Equipment and Other Capital Expenditures			
Facility Cost			
Sub-Grants			
Reserve			
Other			
Total Direct Cost	$272,500	($155,110)	$117,391
Indirect Cost Percentage (See Note Below)			2 %
Indirect Cost			$2,348
Total Costs			$119,739
Less Program Income			
Net Total Cost			$119,739

NOTE: An indirect cost allowance may be rewarded to any applicant provided that state or federal legislation does not prohibit it and that the applicant has an established indirect cost rate. Do you have an established indirect cost rate? ⊙ Yes ◯ No

If yes, attach a letter stating approved rate, period of time, base to which rate is applied, and enter above amount of indirect cost requested for proposed gran

[Browse...] ☐ DELETE

68807-TestDoc.doc

ERROR MESSAGES

If any information is not completed within an application form in its entirety or there are mistakes, an error message will be displayed in red across the top of the page. During form completion it is not necessary to correct form errors right away. You may return to the form and fix errors at any time and if for some reason any errors remain then the application will not be submitted. NJDOH SAGE will require the errors to be fixed before the application is completed.

EXAMPLE OF AN ERROR MESSAGE

SAVE	ADD	DELETE	VIEW PDF	ADD NOTE	FIRST	PREVIOUS	NEXT	LAST

The information has been saved

Please enter the Project Title

NJDOH SAGE will require the errors to be fixed before the application is completed and the status changed to "submit".

UPLOADS & ATTACHMENTS

For some pages, form fields are not enough to capture the type of information that may be required. In those situations, a file upload field may be provided to allow you to upload a file instead. All file uploads are highlighted on each page. Files of the following types are allowed as uploads, bmp, doc, gif, jpg, pdf, png, ppt, tif, txt, wpd, and xls. To upload a file, click the "Browse" button.

BROWSE TO THE FOLDER THAT CONTAINS THE FILE YOU WOULD LIKE TO UPLOAD AND EITHER DOUBLE-CLICK THE FILE OR CLICK THE FILE AND THEN CLICK THE "OPEN" BUTTON.
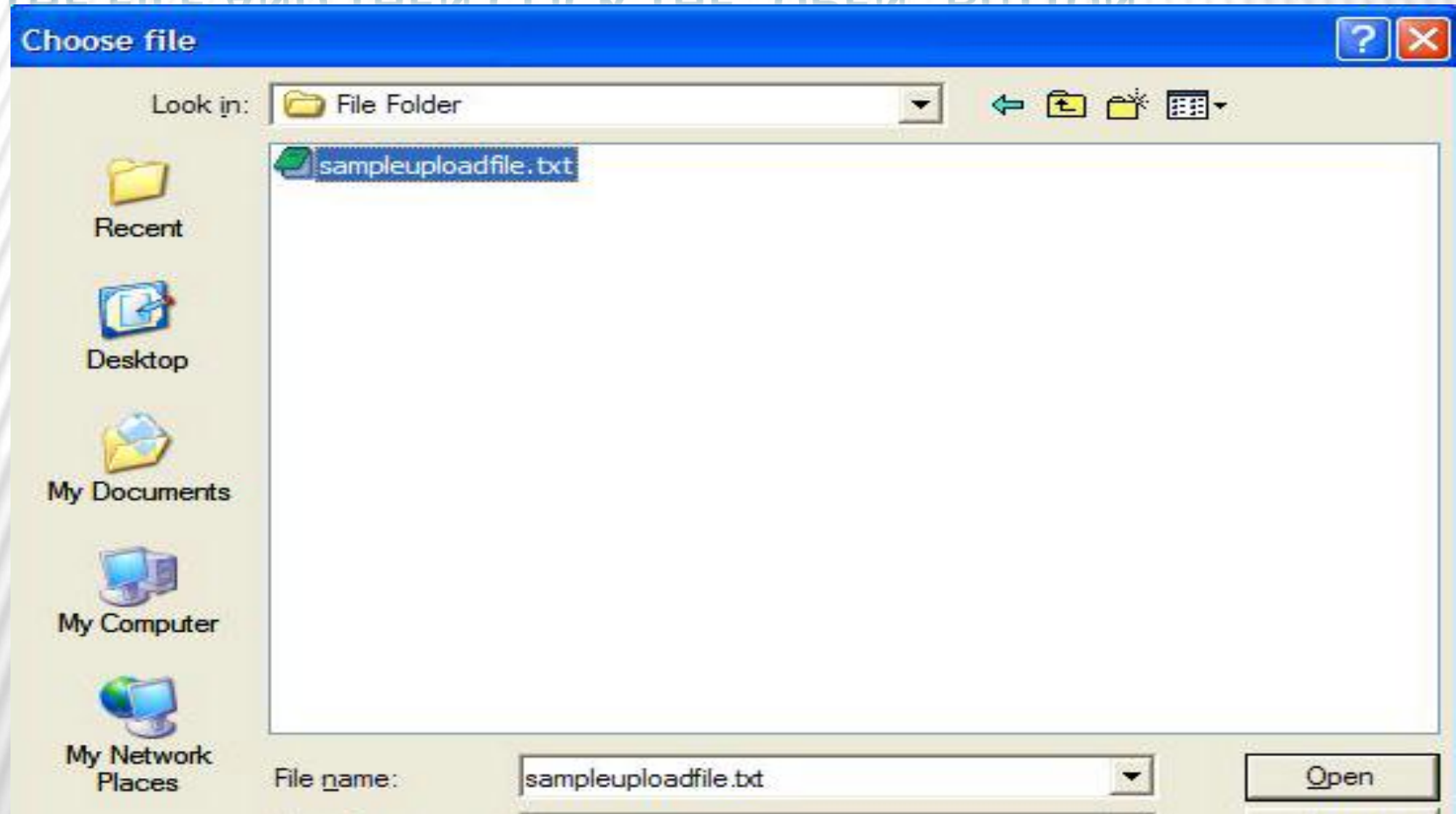
After the page reloads, you must then click the page "**Save**" button to save the uploaded file, before loading another file.

VIEW PDF

The "**View PDF**" button will create a PDF with the data that was provided for each form. These dynamic PDF's can be printed or saved to the computer for reference. It is a good practice to review the PDF files for accuracy prior to submitting the application electronically. You can print the entire document from the **Form** section "View Full Grant Application PDF" or from Management Activities -"View Full PDF".

| SAVE | DELETE | VIEW PDF | ADD NOTE | FIRST | PREVIOUS | NEXT | LAST |
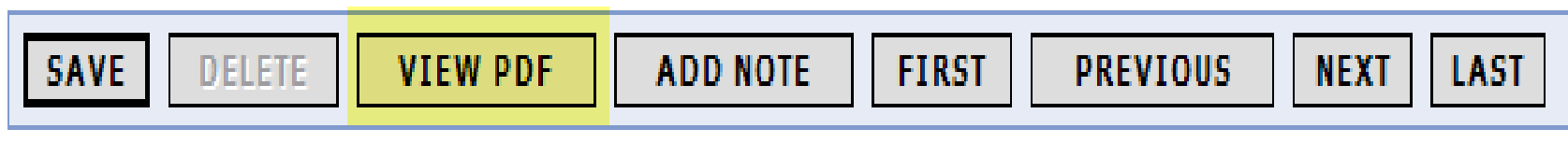
Click on the "View PDF" button, click the "Open" button and the PDF will become viewable for saving or printing.
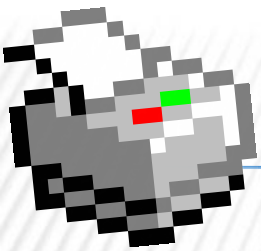
PRINTABLE DOCUMENT FUNCTIONS

Each individual page has the ability to print a paper copy of the page. Once the page has been saved the "View PDF" button is enabled.
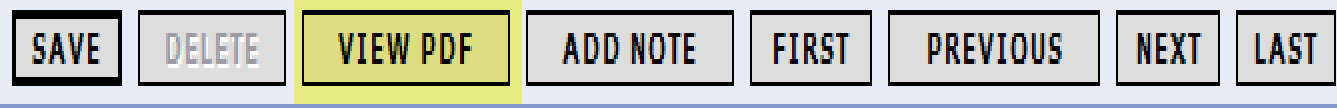
SAVE | DELETE | VIEW PDF | ADD NOTE | FIRST | PREVIOUS | NEXT | LAST

Click on the "**View PDF**" button, click the "**Open**" button and the PDF will become viewable.

File Download ✕

Do you want to open or save this file?

PDF Adobe

Name: ObjectPage.pdf
Type: Adobe Acrobat 7.0 Document
From: **platinum**

[Open] [Save] [Cancel]

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?
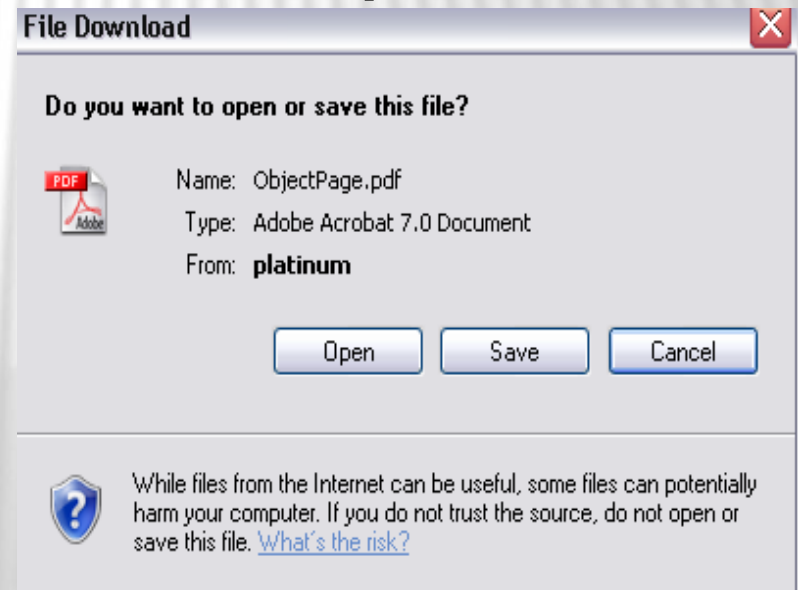
CUT AND PASTE

Applicants should be **cautious** while utilizing the cut and paste function of most word processing programs to transfer text into narrative boxes within the NJDOH SAGE application. NJDOH SAGE will not recognize certain formatting, including tables, graphs, photographs, bullets, and certain tabs. Applicants must also be aware of the character limits of each text box, as attempting to cut and paste text that is larger than the allotted amount of space will yield an error. The character limit may be found at the bottom left of each text box. Applicants may want to first cut and paste text into any standard "notepad" (or equivalent) application.

SUBMITTING THE APPLICATION

The Authorized Official and Agency Administrator security roles are the <u>only</u> two roles authorized to create or submit an application. When the application has been completed and no more changes are required, the Authorized Official or Agency Administrator can choose to submit.

*It is important to note that once an application is submitted it will enter into a read-only status and cannot be changed by the applicant/grantee!

Applications that are being return by PMO/GMO after submission may require 'Modification' before completing the process. The application will have sections that will be locked, ONLY the sections that require modification will be unlock for changes, then the application can be re-submitted.

APPLICATION SUBMITTED

To **submit**, the **Authorized Official/Agency Administrator** must choose the '**Application Submitted**' status in the Status Management section on the application menu and then click the "**Change Status**" button. If any errors exist in the application they must be corrected before the application can be submitted.

If no errors exist, the Authorized Official/Agency Administrator will be prompted to confirm decision.

STATUS MANAGEMENT

Next Possible Statuses:

Application Submitted ▼

CHANGE STATUS

NJDHSS NOTICE OF GRANT AWARD:

NOGA (<u>Notice of Grant Award</u>) Account **I**nformation: The grant terms and conditions for administration of the grant.

Attachment A: Provide the terms and conditions for administration of the grant between the NJDOH and your organization.

Attachment B: Provide grant terms.

Attachment C: Provide program and administrative specifications that are required by the Grantee as condition of the award.

NOTES IN SAGE

SAGE allows for applications to have notes attached to them. These notes may be used to communicate to other organization staff members or to NJDOH SAGE staff who are assigned to the application. Notes may be added on the main menu or on specific forms. The example below displays the Notes feature from the application menu.

ADDING & EDITING NOTES

1) Click on the "ADD NOTE" button.

2) ANY EXISTING NOTES WILL BE SHOWN AT THE TOP OF THE NEW WINDOW.

ADD NEW NOTE

Subject

Message

VIEWERS

The following people can be assigned access to view or *not* view your note. Check the box next to the name of the viewer to give them the ability to view the note. Uncheck the box if the note should not be seen by that viewer. Checking the **All/None** box will either check or uncheck all of the viewers.

☐ All/None

☑ Linda Anderson	☑ Linda Anderson	☑ Linda Anderson	☑ Anna Battle

a) Each note has the following information: message name, author, date, and action.

b) By clicking on the message name, the note will expand showing the entire note's message.

c) By clicking on either edit or reply under the action column, a note may either be edited (by the user who created the note) or replied (by another user).

3) To add a new note: a) Click Add a New Note, type in the subject, message, and check the user(s) the note is meant for and click save.

4) Click the "**Close Notes**" button to close the notes Window.

AUTOMATIC E-MAIL NOTIFICATIONS

Automatic email notifications may be sent to you periodically throughout the grant year. These messages will be sent via the system according to an automatic process or as the result of a user triggered event. These messages might accompany the creation of an application, the submission of an application, or a pending due-date that is approaching. These messages are intended to help you know what is occurring in the system that pertains to you or your Organization.
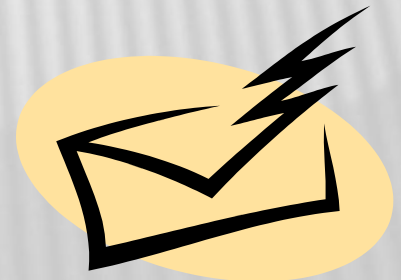
NJDOH LOTUS NOTES & SAGE SYSTEM MESSAGES

In addition to NHDOH Lotus Notes email, there's automatic email notifications, there is an area referred to as the System Messages that manages messages sent to you either from the system itself or from the State of New Jersey.

Automatic email notifications and system messages will help you to know the events that are occurring in NJDOH SAGE and will keep you up-to-date on the progress of your application related items.

BUDGET AMENDMENT/REVISION/EXTENSION

ALERT!

The submission of a budget amendment or revision by a grantee is a **2 step** process. During **Step 1**, the grantee initiates the request which will include the justification for the changes; once approved by the State, the grantee will complete **Step 2** of the process at which time the appropriate schedule(s) will be changed to reflect requested funding changes.

STEP 1 : BUDGET AMENDMENT/REVISION/EXTENSION PROCESS

1) Open grant application.

2) Go to Status Management Box (2nd box on left side of screen). Under next possible statuses you should see Grant Amendment/Budget Revision Request Initiated.

3) Click change Status.

Status Management
Next Possible Statuses:

Grant amendment/budget Revision Request Initiated

Change Status

Click here

ONCE YOU CLICK CHANGE STATUS, A NEW PAGE APPEARS:

Are you sure you want to request a Grant Amendment/Revision/Extension?

If you would like to include notes about this status change, please supply them below.

0 of 2000

| I Agree | I Do Not Agree |

Another **new** screen will appear that reads: "Status has been changed."

SCREEN WILL RETURN BACK TO THE GRANT APPLICATION.

To the right of your screen scroll down at least two-thirds of the application form to view and click on:

Grant Amendment/Budget Revision Request

This is the beginning of the organization GRANT AMENDMENT/BUDGET REVISION REQUEST page and where you must complete the 'justification' information.

Example of **Grant Amendment/Budget Revision/Extension Request** Screen

<u>**You are here:**</u> > Grant Amendment/Revision

<u>**GRANT AMENDMENT/BUDGET REVISION REQUEST**</u>

Instructions:

Fields with an ***** next to them must be completed.

After entering all information click the **SAVE** button.

To proceed to the next page you may click the **NEXT** button or use the Related Pages section at the bottom of the page

To return to the Application menu click the **Application Menu** link above.

To add an additional Request Form, click the **ADD** button.

NOTE: Once you have completed and saved this request form you must change the status of your grant to "Grant Amendment/Budget Revision Request Submitted" by returning to the Application Menu and clicking the "Change Status" button.

Request Title:

<u>**Select the type of request**</u>

⬤ Grant Amendment (Increases/Decreases in Overall Budget, Changes in Scope, Extension of Grant Period)

⬤ Grant Revision (Line Item Change - No Increase/Decrease in Overall Budget)

Provide a detailed justification of why this change is being requested

0 of 10000

Save	Save/Next	Add	Delete	View PDF	Add Note	First	Previous	Next	Last

ALERT! PLEASE BE SURE TO INCLUDE THE FOLLOWING INFORMATION ON THE REQUEST PAGE (PLEASE REFER ILLUSTRATION ON PREVIOUS PAGE):

- ✖ <u>Request title:</u> Include your agency's name, the number of the Amendment or Revision, and the date of your request.

- ✖ <u>Select the type of Request</u>: Is this a Grant Amendment or a Grant Revision? You can submit an amendment and revision as one document if needed, if this occurs select the Grant Amendment button.

- ✖ <u>Provide a detailed justification</u>: **1.** Include the total amount of funds being requested/revised as the first line. **2.** List which cost category lines these funds are being added to or removed from. **3.** Provide a breakdown of how these funds will be used.

ONCE THE JUSTIFICATION IS COMPLETED, SAVE.

Return to Main Page and go to the **Status Management Box** on the left side of the page.

Status Management

Next Possible Statuses:

Grant Amendment/Budget Revision Request Submitted

Change Status

Click on Change of Status button, then a new screen will appear:

CLICK ON "I AGREE."

Are you sure you want to submit your Grant Amendment/Budget Revision Request?

If you would like to include notes about this status change, please supply them below.

0 of 2000

I Agree	I Do Not Agree

Click "I Agree, then another screen will appear that reads:

The status has been changed.
Return <u>here</u>.

Click will return to Main Screen

STATUS CHANGE FOR AMENDMENT

NOTE: Once completed; saved this request form then change the status of the grant to "Grant Amendment/Budget Revision Request Submitted" by returning to the Application Menu and clicking the "Change Status" button.

After the application is submitted you no longer have the ability to work on or enter anything in the application.

STEP 1 COMPLETED

Congratulations

Request now goes to the DFHS Program Management Officer (PMO) and Grant Management Officer (GMO) for review and approval/denial.

After approval the GMO will initiate an email for a **Grant Amendment.** This is step two of the process.

OR , if the request is denied either the process ends or another revision/amendment can be initiated.

REFLECTING REVISED GRANT CHANGES

1) On the right side of the page, go into both areas of Schedule(s), either A, B, and/or C, and make the necessary changes to reflect the funding changes in the appropriate line items. Click **SAVE.**

2) Open up the Cost Summary sheet to verify that the changes made to the Schedule(s) have automatically populated into the Cost Summary Sheet; if this information is correct click **SAVE.**

3) Go back to Status Management box and click **Change Status.**

APPLICATION CHANGE OF STATUS

✖ Once the initial request is approved you will see the following information when you open your grant screen under Status Management on the left side of the page:

Status Management

Next Possible Statuses:

Grant Amendment/Budget Revision Request Submitted

****DO NOT click change status at this point!

Status Management

Next Possible Statuses:

Grant Amendment/Budget Revision Request Submitted

Change Status

Click on "Change of Status" button, then a new screen will appear.

Click on "**I Agree**". (See page 67 for viewing and instructions related to this screen)

(**Note:** You may receive cautionary error messages that advise you to review the Schedule that was changed and the Cost Summary page; if this occurs, open each page and click SAVE, then return to Status Management page and Change Status page as described above.)

CONGRATULATION –PROCESS COMPLETED!

Your request will began the process for NJDOH approval. If your amendment/revision request is denied by Program Staff or Fiscal Staff at any point in the process, you will be notified, and if there can be any advised of the revisions required for approval.

Program Management Officer for the grant will notify the Authorized Official if the request was denied by the Division of Family Health Services (DFHS) via email or/and letter.

EXPENDITURE AND PROGRESS REPORTS

*<u>DO NOT </u>use go back arrows or refresh (F5) in SAGE.
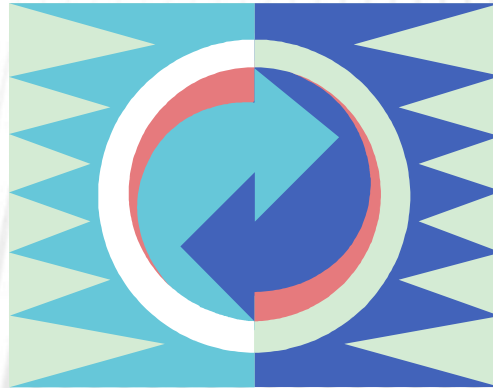
Do use "Related Pages", "Application Menu" and "First-Previous-Last" gray buttons for navigating forms.

Related Items

±Parent

1) Click "create new" on the **Expenditure /Progress Report** for that period (Period 1, Period 2, ...)

2) Then "I agree or I disagree" confirmation screen will appear. If it's "**Agree**" then the next screen will be the report.

3) On the **right** side at the top of the screen will be the **"Forms".**

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PROGRESS REPORT FORMS

Forms

Progress Report Header (1)

Objectives and Activities

Progress Report Attachments

4) Click on **Progress Report Header;** this section should be completed by grantee.

5) Then click on **"Objective and Activities" .**

Expenditure Report for that period has to be create first before you can create that period progress report*****

OBJECTIVES AND ACTIVITIES

There are **4** columns in a table format:

a) Under the 1st column "List Below Each Activity Required to Meet the Stated Objective", complete based on Attachment 'C'.

b) Under "Original Estimated Completion Date Due", type the **date for the end of grant year** "June 30, 20.."

c) Under "% completed" (ex. "25%" for the 1st Q, "50%" for the 2nd Q, and so on…; based on meeting objectives).

d) Under "Date completed" type the **date for the end of the quarter** (not the due date of the report), "September 30, 20.." for the 1st Q, "December 31, 20.." for the 2nd Q and so on… **"SAVE"**

PROGRESS REPORT ATTACHMENTS

1) Click on "**Progress Report Attachment**" to add any attachment(s).

2) Click on "**Progress Note Attachments**", if required attachment(s). Browse for document , upload and name the document. **"SAVE"**

**Noted by number in parenthesis next to any form, means that's the number of pages (no number, then there's no pages or attachments).

**** Expenditure and Progress Reports are available in SAGE the 1st working day at the end of each quarter of the grant.

CHANGE OF STATUS

✖ Status Management

✖ Status:

| Application Submitted |
| Change of Status |

Clicks the change status button of application to "Progress Report Submitted".

Screen will change to for "I agree" or "I disagree; follow instructions carefully.

Process completed for organization.

REPORT PROCESS FOR APPROVAL

After reviewing the progress/expenditure report there are two steps for PMO/GMO:

1) Approved – PMO/GMO agrees with information submitted.

2) Initiated – Return report to organization for changes or more information according to DHSS grant attachments.

EXPENDITURE REPORTS

Complete **all** the report required fields for that quarter. When possible, SAGE will automatically calculate totals. When the page is saved the system will use the values that have been entered in the text Boxes on other pages and pull the values into the "Cost Summary" and calculate the "Net Total Cost." The system will show these values and will use them to automatically generate other totals as well. Remember to click the form's "**Save**" button in order to calculate the form calculations.

Reporting Agency		Reporting Date FROM: _____ * TO: _____ *		Report Number
	Grantee Account/Fund Number (For grantee reference only)	Budget Period FROM:		Revision Report No.
Grant		Basis of Report		☐ Final

BUDGET CATEGORIES	APPROVED BUDGET		PERIOD EXPENDITURES		CUMULATIVE EXPENDITURES		REMAINING BUDGET	
	Grant Funds	Other Funds	Grant Funds	Other Funds	Grant Funds	Other Funds	Grant Funds	Other Funds
A. PERSONNEL COST Total	$152,738	$3,856	$36,433	$0	$36,433	$0	$116,305	$3,856
Salaries/Wages	$121,221	$3,060	$29,009	$0	$29,009	$0	$92,212	$3,060
Fringe Benefits	$31,517	$796	$7,424	$0	$7,424	$0	$24,093	$796
B. CONSULTANT/PROFESSIONAL SERVICES COSTS Total	$1,460	$0	$211	$0	$211	$0	$1,249	$0
C. OTHER COSTS CATEGORIES Total	$20,802	$0	$4,843	$0	$4,843	$0	$15,959	$0
Office Expense and Related Cost	$3,000	$0	$672	$0	$672	$0	$2,328	$0
Program Expense and Related Cost	$2,472	$0	$450	$0	$450	$0	$2,022	$0
Staff Training and Education Cost	$500	$0	$0	$0	$0	$0	$500	$0
Travel, Conferences and Meetings	$9,480	$0	$2,383	$0	$2,383	$0	$7,097	$0
Equipment and Other Capital Expenditures	$0	$0	$0	$0	$0	$0	$0	$0
Facility Cost	$5,350	$0	$1,338	$0	$1,338	$0	$4,012	$0
Sub-Grants	$0	$0	$0	$0	$0	$0	$0	$0
Reserve	$0	$0	$0	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0	$0	$0	$0
Total Direct Cost	$175,000	$3,856	$41,487	$0	$41,487	$0	$133,513	$3,856
Indirect Cost	$0	$0	$0	$0	$0	$0	$0	$0
Total Cost	$175,000	$3,856	$41,487	$0	$41,487	$0	$133,513	$3,856
Less Program Income	$0	$0	$0	$0	$0	$0	$0	$0
NET TOTAL COST	$175,000	$3,856	$41,487	$0	$41,487	$0	$133,513	$3,856

Example of Expenditure Report

FINAL SECTION OF EXPENDITURE

I certify this report is true and correct and all expenditures reported herein have
been made in accordance with the terms and conditions
of this grant and are properly reflected in the grantee's accounting records.*

Name of Chief Financial Officer *   **Title** *

DHSS STAFF ONLY			**GRANTEE STAFF ONLY**		
Status of Funds:			Status of Funds:		
Cash received to date:	$0		Cash received to date:		
Less:			Less:		
Cash disbursements	$0	as of	Cash disbursements		as of
Cash balance	$0	as of	Cash balance	($6,904)	as of

Complete all required fields (*) sections, including "**Name
of Chief Financial Officer**" and "**Grantee Staff Only**",
then "**SAVE**". Change status to "**Expenditure Report
Submitted/Review Required**".

PAYMENT VOUCHERS

The GMO will complete a payment voucher; change status to "**Payment Voucher Initiated**".

The organization assigned staff (AO/AA) will receive an email that payment voucher has been prepared and requires completion.

"Payment Voucher {Document Number} has been prepared and a signature is required. Please login to SAGE and click the link to the DHSS Payment voucher on your Main Menu to get started."

| SAVE | SAVE/NEXT | DELETE | VIEW PDF | ADD NOTE | FIRST | PREVIOUS | NEXT | LAST |

You must check the box certifying that the within Payment Voucher is correct in all its particulars, that the described goods or services have been furnished or rendered and that no bonus has been given or received on account of said document.

Created By: Kirkpatrick, Kelly on 5/23/2012 8:43:22 AM
Last Modified By: Kirkpatrick, Kelly on 5/23/2012 8:44:08 AM

STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)

DOCUMENT				BATCH			ACCTG PER	FY
TC	AGY	NUMBER		TC	AGY	NUMBER	-	13

PP START	SCHED PAY	CHK CAT	OFF LIAB	F A	RF TY	CK FL

Payment Address   Vendor ID Number   Total Amount
222192716-00 $5,000

Payee Declarations
☐ By checking this box, you certify that the within Payment Voucher is correct in all its particulars, that the described goods or services have been furnished or rendered and that no bonus has been given or received on account of said document.

After reviewing the payment voucher check the box '**Payee Declaration**' then click '**SAVE**'.

CLOSE-OUT LETTER

All grants will have a close-out letter in SAGE.

FORMS
Grant Award Documents
NJDHSS Notice of Grant Award (1)
NOGA Account Information (1)
Attachment A - Additional Grant Provisions (1)
Attachment B - Approved Operating Budget (1)
Attachment C - Program Specifications (1)
DHSS Attachments
DHSS Closeout Letter

LETTER AVAILABILITY

This letter should be reviewed one month prior to the termination date of the grant fiscal year.   The required close-out documents will need to be submitted via New Jersey SAGE System. The close-out letter will contain the NJDOH close-out criteria and the contact for PMO and GMO for any questions regarding close-out documents.

The agency will have (**30**) **thirty days** to complete the process and return via SAGE.

FINAL GRANT REPORTS

A final Report of Grant Expenditures (5th expenditure report). **If** this report is not submitted within the required period and extension of time for submitting this report has not be granted, the organization could be at risk of not being reimbursed for expenses incurred.

- A final Payment Voucher , if necessary.
- A Statement of Equipment Inventory.
- A Program Income Statement, (if required).
- Statements related to royalties, inventories and copyrights, if required.
- A final Progress Report (5th progress report), if required

CONT'D - GRANT CLOSING REPORTS

If the grant was provided with cash advances and these amounts exceed the final expenditures, this cash balance must be returned to the granting agency with the submission of a final Report of Grant Expenditures.

If there are any questions concerning this matter, please contact the Grants Management Officer or Program Management Officer directly. Please include the organization grant number in all correspondence.

GRANT STEPS IN DHSS - SAGE

- ✖ Application in Process
- ✖ Application Submitted

Grantee/Organization

- ✖ Application In Staff Review
- ✖ Application Service Director Review
- ✖ Application in Fiscal Director Review
- ✖ App Pending Assistant Commissioner Approval
- ✖ Application Division Approved
- ✖ Application Pending Final Approval
- ✖ *Grant Department Approved
- ✖ *Grant Funds Encumbered (Grant Approval Officer)

NJDOH staff

Process of application without any required revisions/corrections.

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INDEX
SYSTEM FOR ADMINISTERING GRANTS ELECTRONICALLY (SAGE)

THANK YOU

If there are any questions … please, contact NJDOH – SAGE technical support staff , Program Management Officer (grant application) or Grant Management Officer (fiscal sections of application).